

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 26, 2000 8:00 am**
Secretary of State

05-26-2000 90038 049 ****61.25

DOCUMENT # N94000005376

1. Entity Name

FAITH FELLOWSHIP DELIVERANCE CENTER, INC.

Principal Place of Business

Mailing Address

**636 FIRWOOD COURT
ALTAMONTE SPRINGS FL 32714****P O BOX 161476
ALTAMONTE SPRINGS FL 32716-1476
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3281319

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWENS, THERESA V
636 FIRWOOD COURT
ALTAMONTE SPRINGS FL 32714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☐ Delete
NAME **OWENS, RUFUS L**
STREET ADDRESS **636 FIRWOOD COURT**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **OWENS, THERESA V**
STREET ADDRESS **636 FIRWOOD COURT**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
NAME **OWENS, MICHAEL T**
STREET ADDRESS **636 FIRWOOD COURT**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
NAME **JACKSON, SHARON Y**
STREET ADDRESS **14510 SW 105TH AVE**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
NAME **FOSSITT, LARACE**
STREET ADDRESS **833 VALENCIA ST**
CITY-ST-ZIP **SANFORD FL 32771**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
NAME **DAVIS, PAULETTE**
STREET ADDRESS **4516 SAN SEBASTIAN CIR**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theresa V Owens**5/8/00****(407) 682-9662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #